

FIGURE 1

100

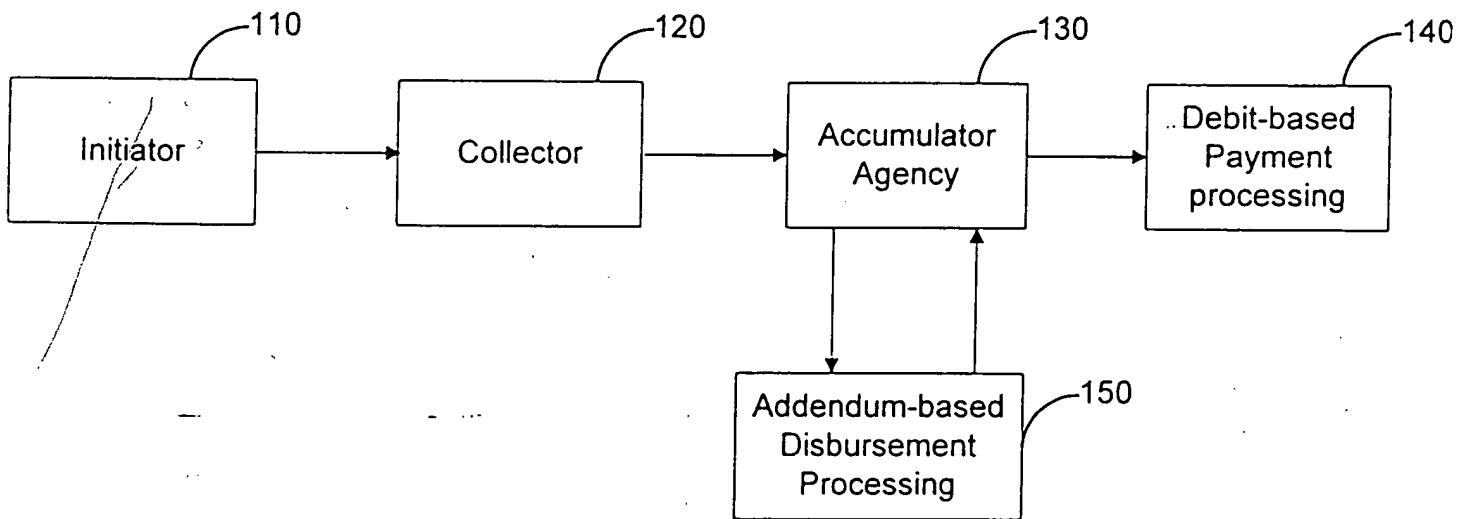


FIGURE 2

200

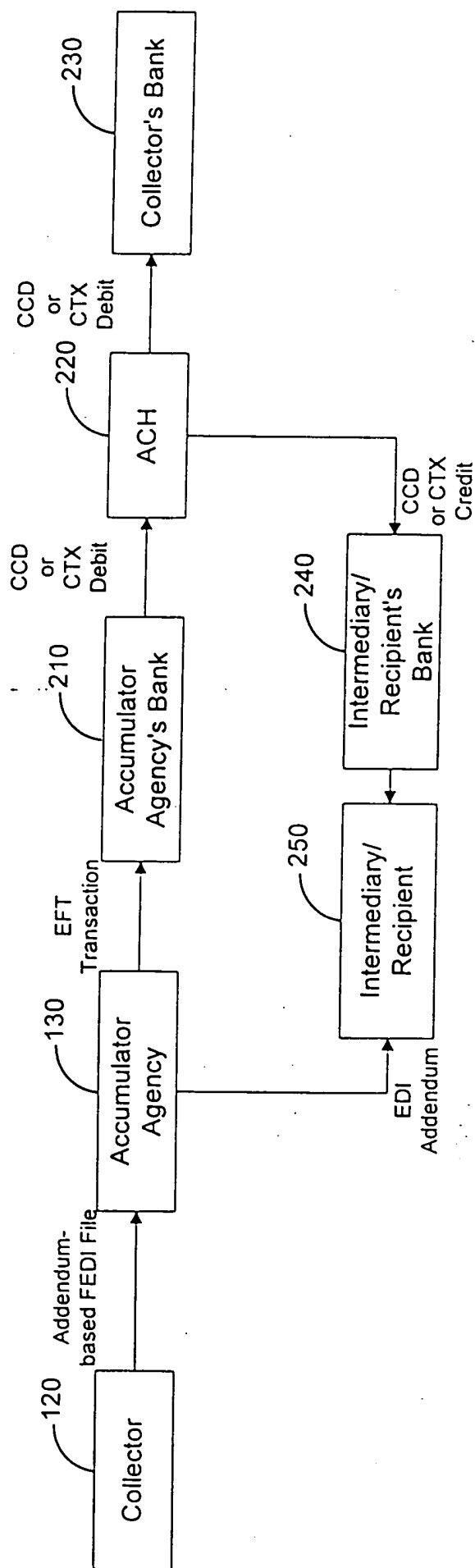


FIGURE 3

300

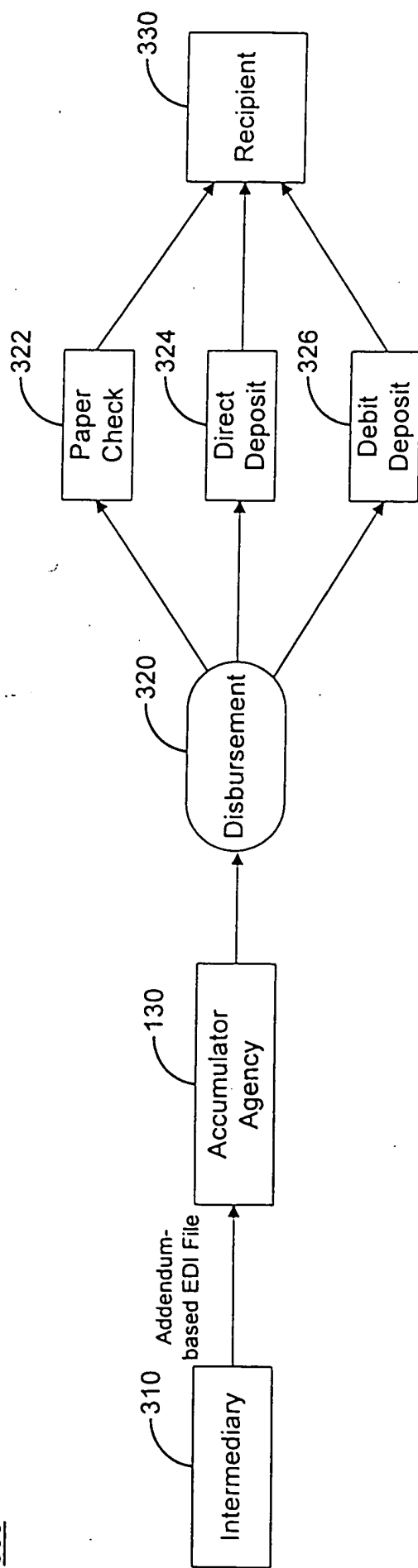


FIGURE 4

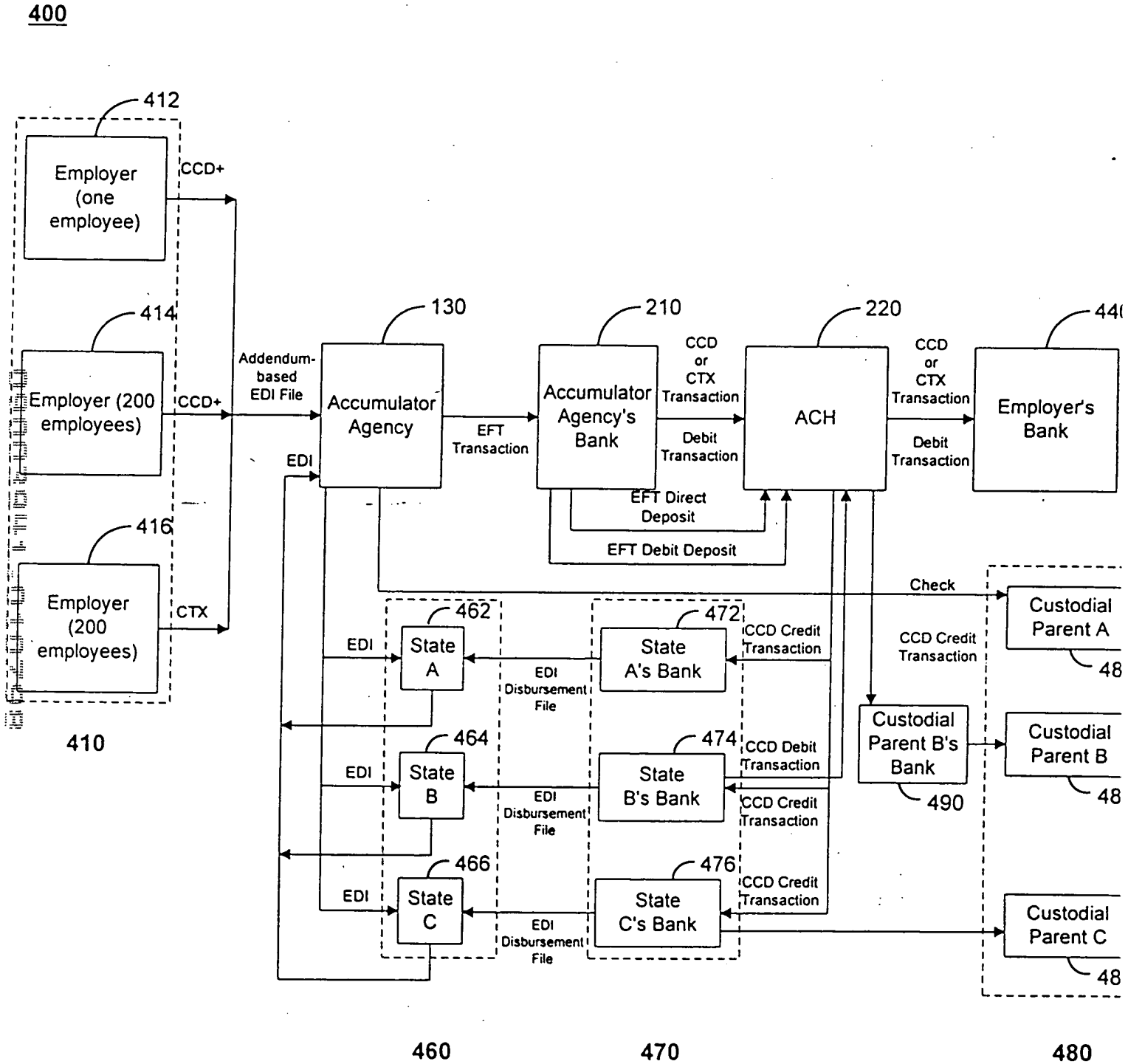


FIGURE 5

120

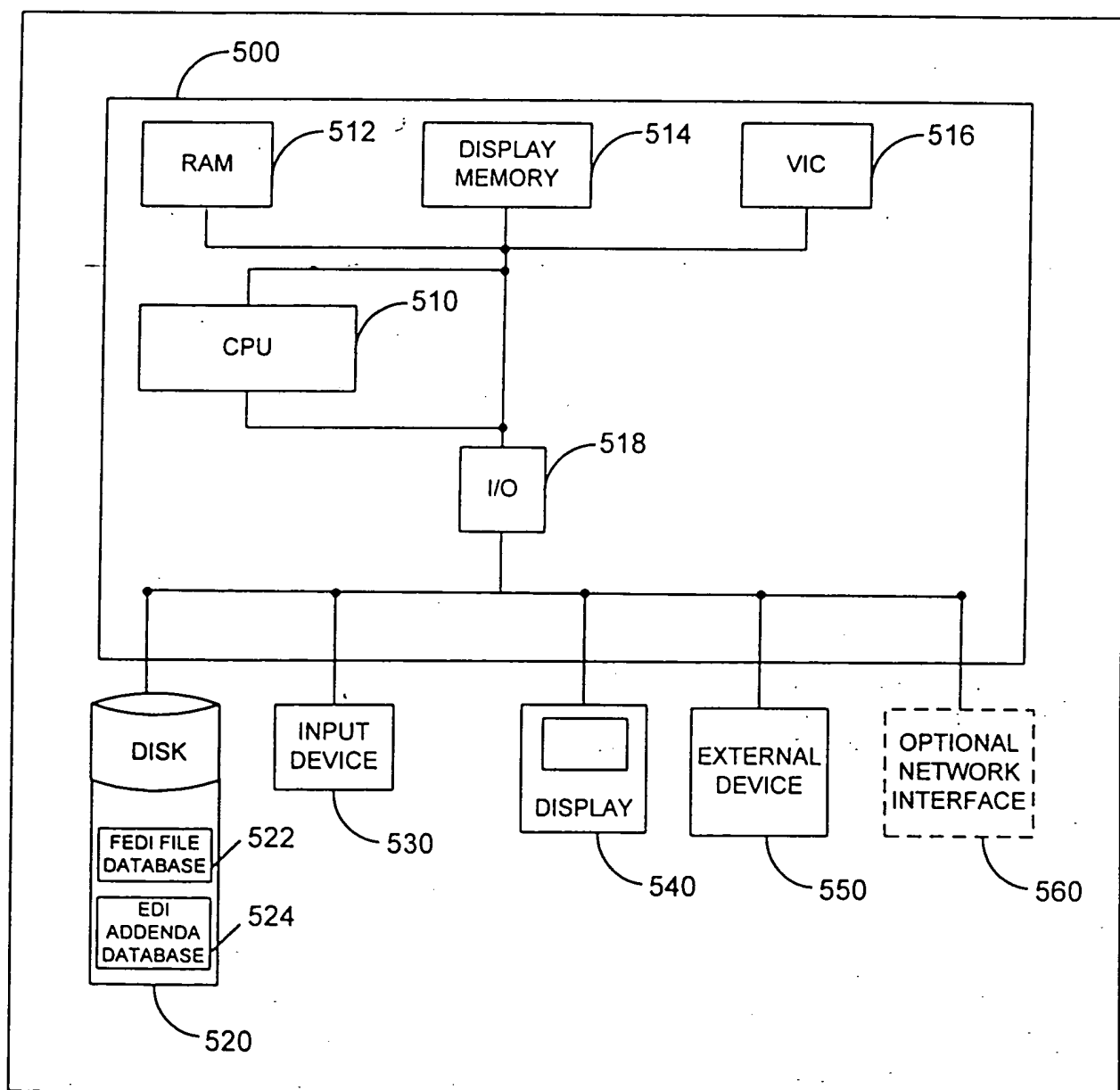


FIGURE 6

130

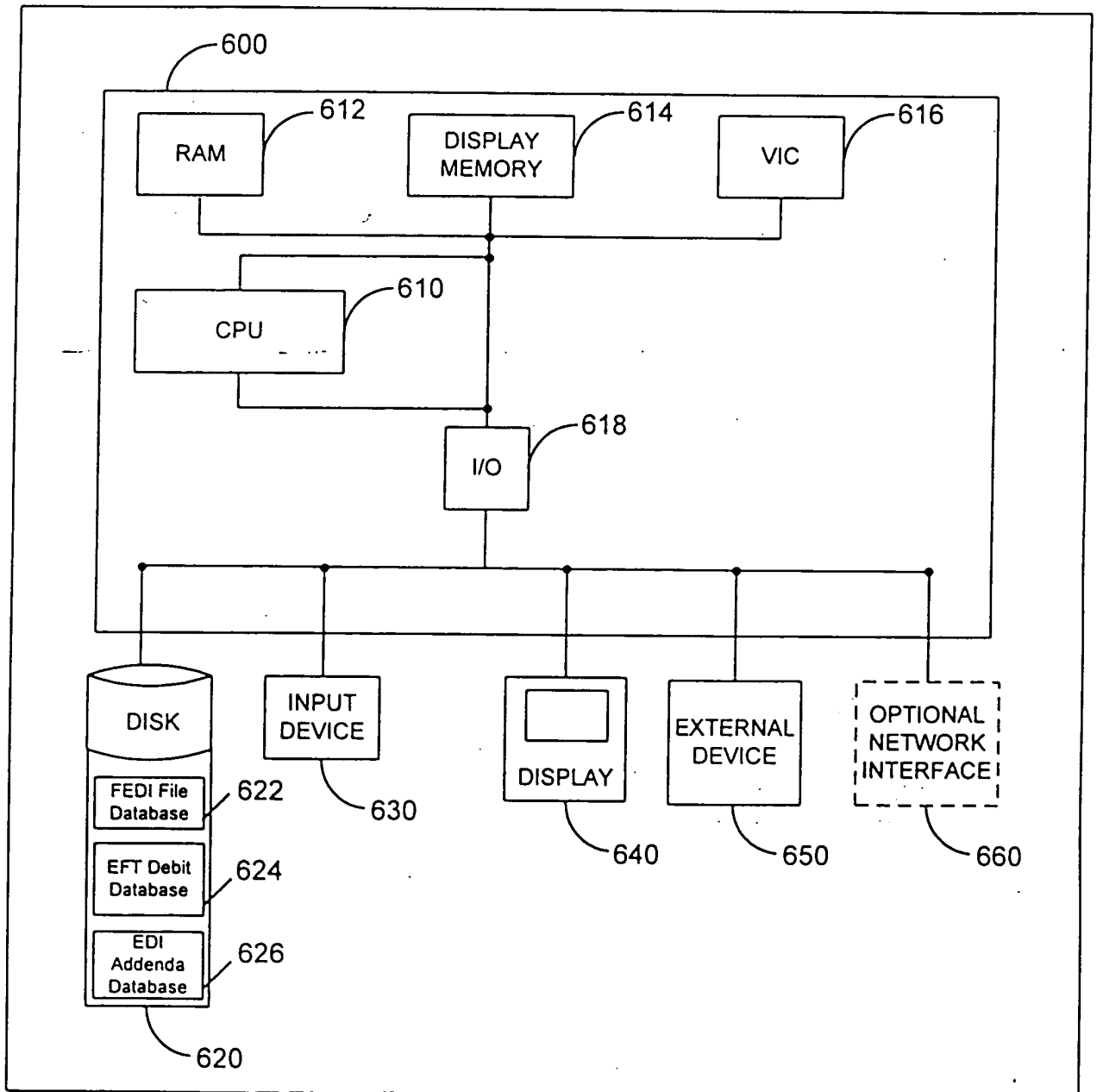


FIGURE 7

250

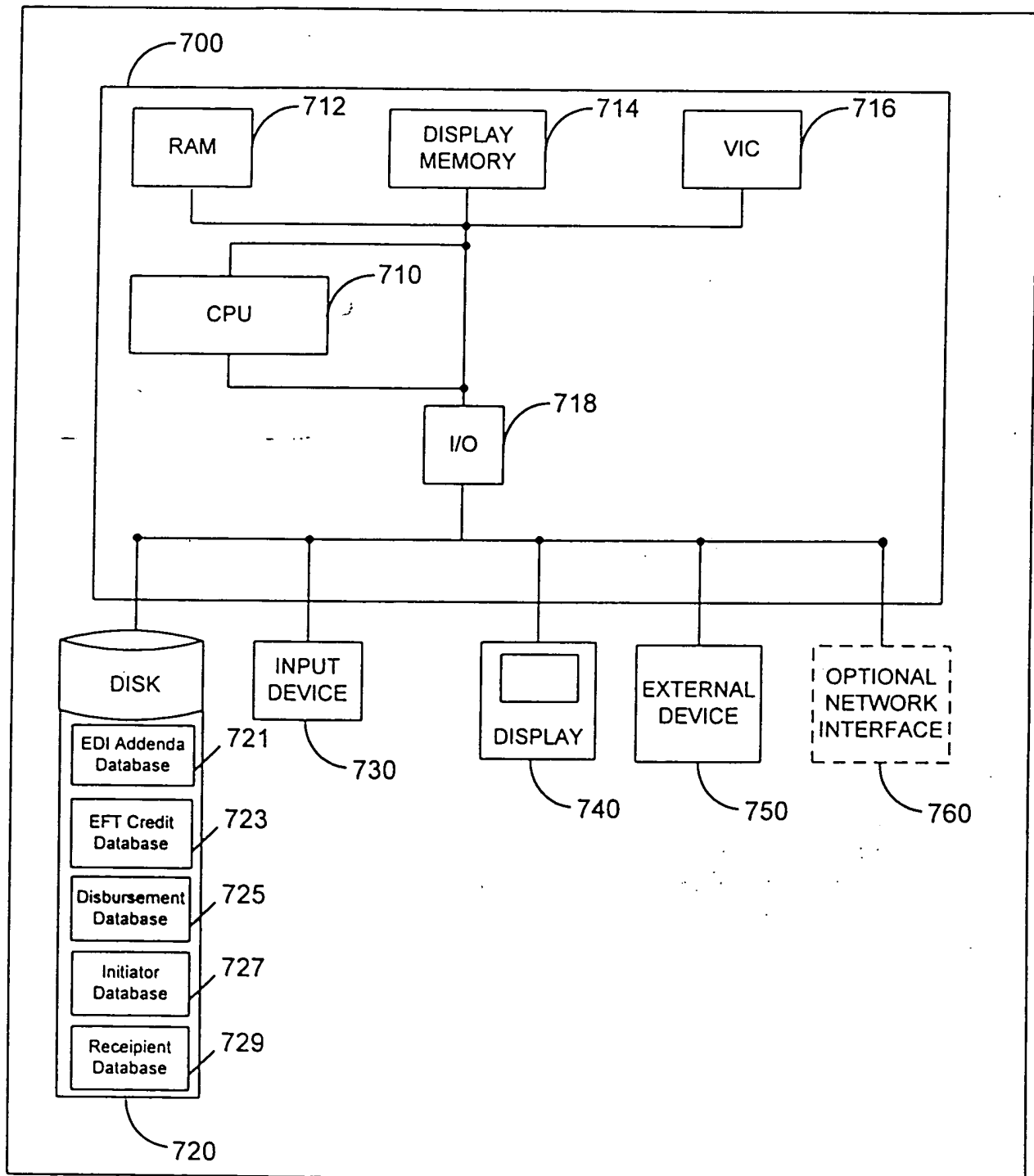


FIGURE 9A

FIELD	1	2	3	4	5
DATA ELEMENT NAME	RECORD TYPE RECORDING	ADDENDA TYPE CODE	PAYMENT RELATED INFORMATION	ADDENDA SEQUENCE NUMBER	ENTRY DETAIL SEQUENCE NUMBER
Field Inclusion Requirement	M	M	O	M	M
Contents	7'	0.5'	Alphanumeric	Numeric	Numeric
Length	1	2	80	4	7
Position	01-01	02-03	04-83	84-87	88-94

FIGURE 9B

Element	Comments	Content	Attributes		
			1	2	3
	Segment Identifier	DED	M	ID	3/3
DED01	Application Identifier	CS	M	ID	2/2
DED02	Case Identifier	XXXXXXXXXX	M	AN	1/20
DED03	Pay Date	YYMMDD	M	DT	6/6
DED04	Payment Amount	\$\$\$\$\$\$\$\$CC	M	N2	1/10
DED05	Non-Custodial Parent Social Security Number	XXXXXXXXXX	M	AN	9/9
DED06	Medical Support Indicator	'Y' - Yes, 'N' - No	M	AN	1/1
DED07	Non-Custodial Parent Name	XXXXXXXXXXXX	O	AN	1/10
DED08	FIPS Code	XXXXXXXX	O	AN	5/7
DED09	Employment Termination Indicator	'Y' - Yes	O	AN	1/1

FIGURE 10

1000

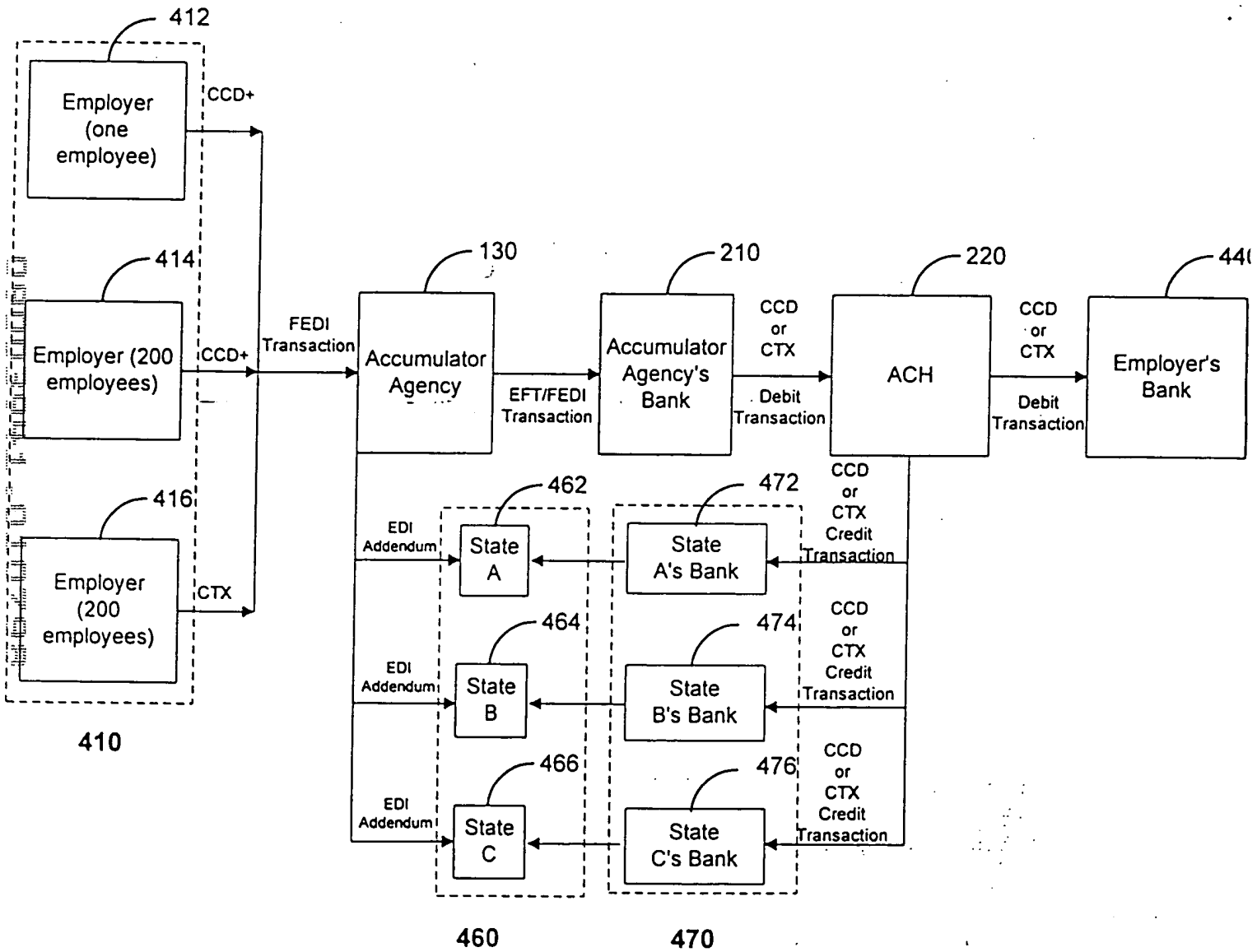


FIGURE 11

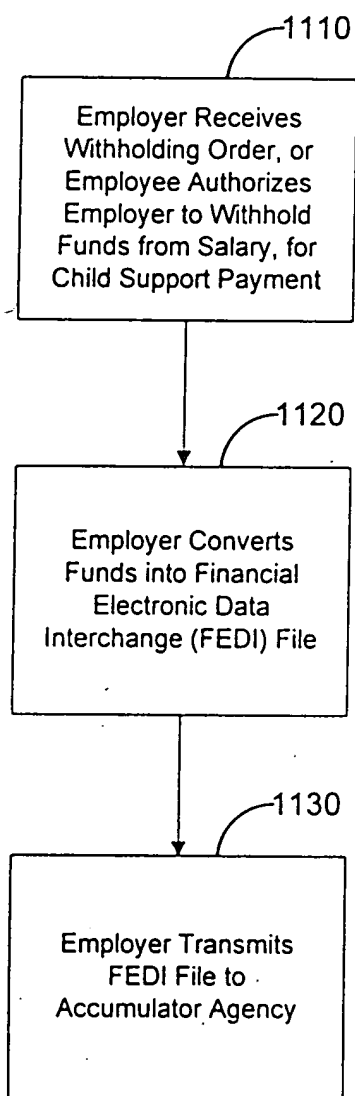


FIGURE 12

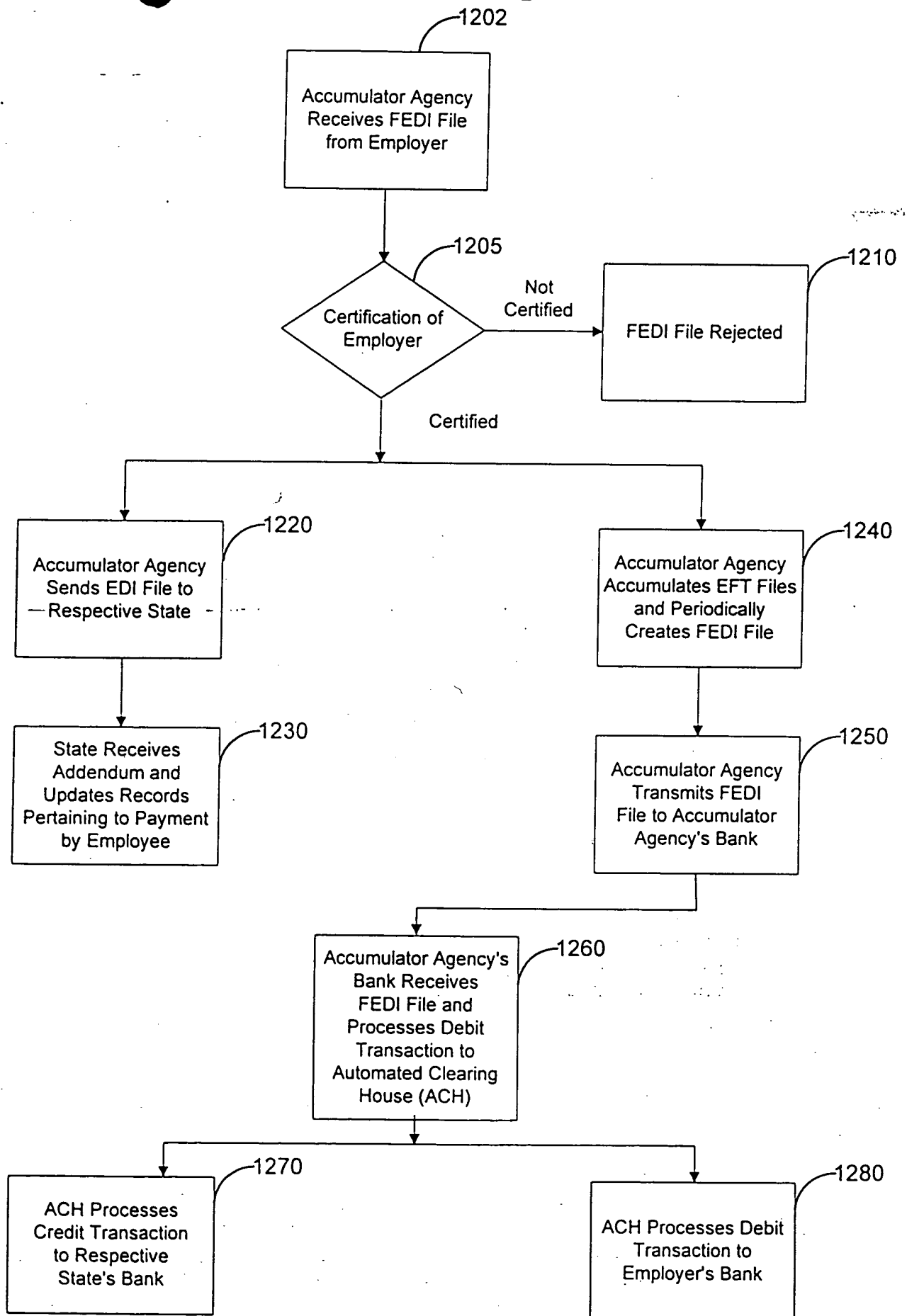


FIGURE 13

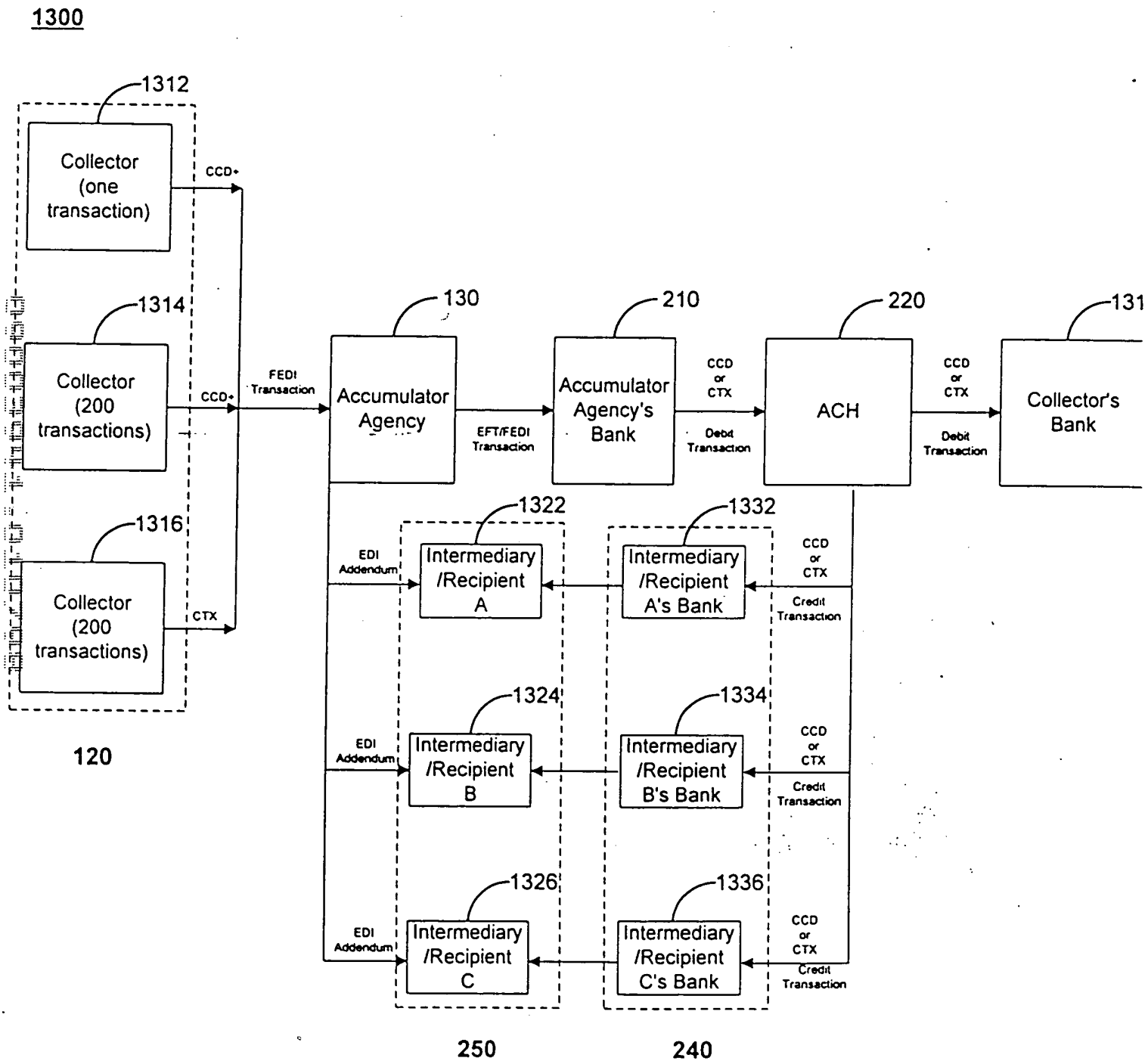


FIGURE 14

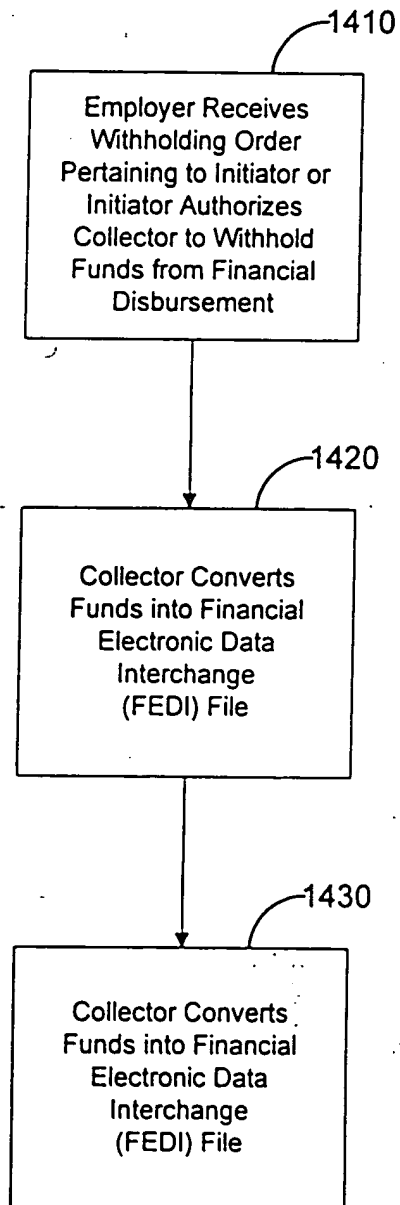


FIGURE 15

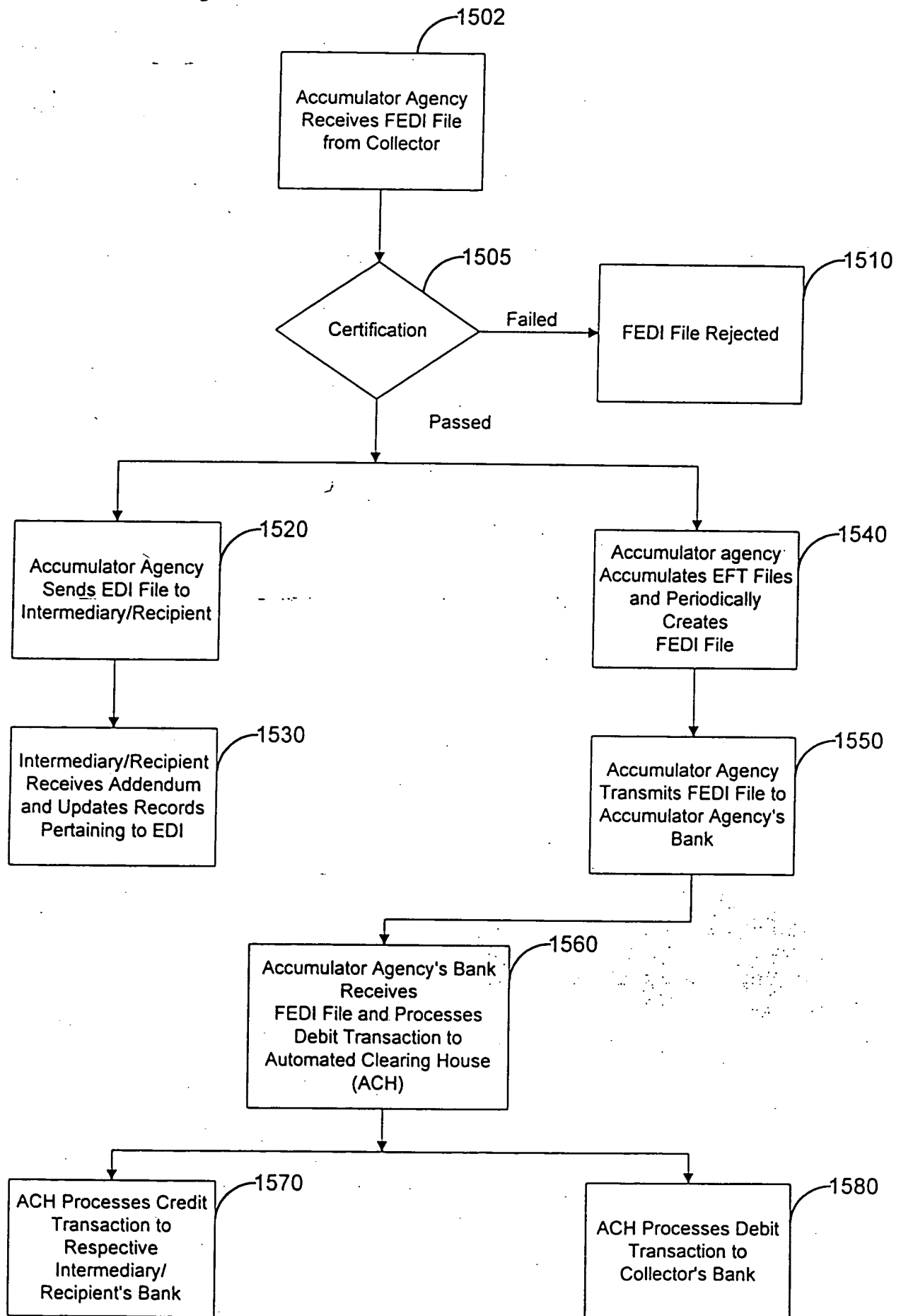


FIGURE 16

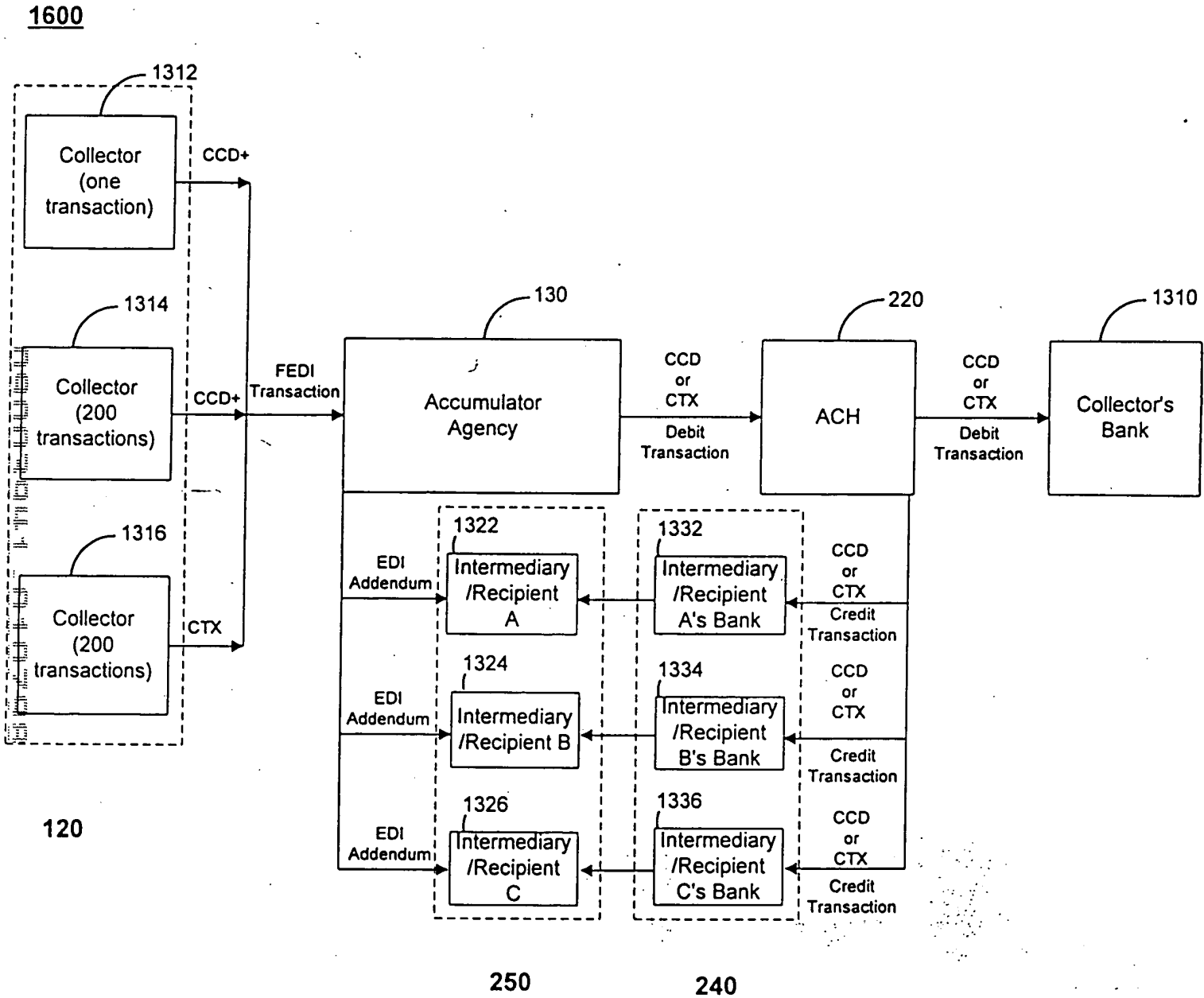


FIGURE 17

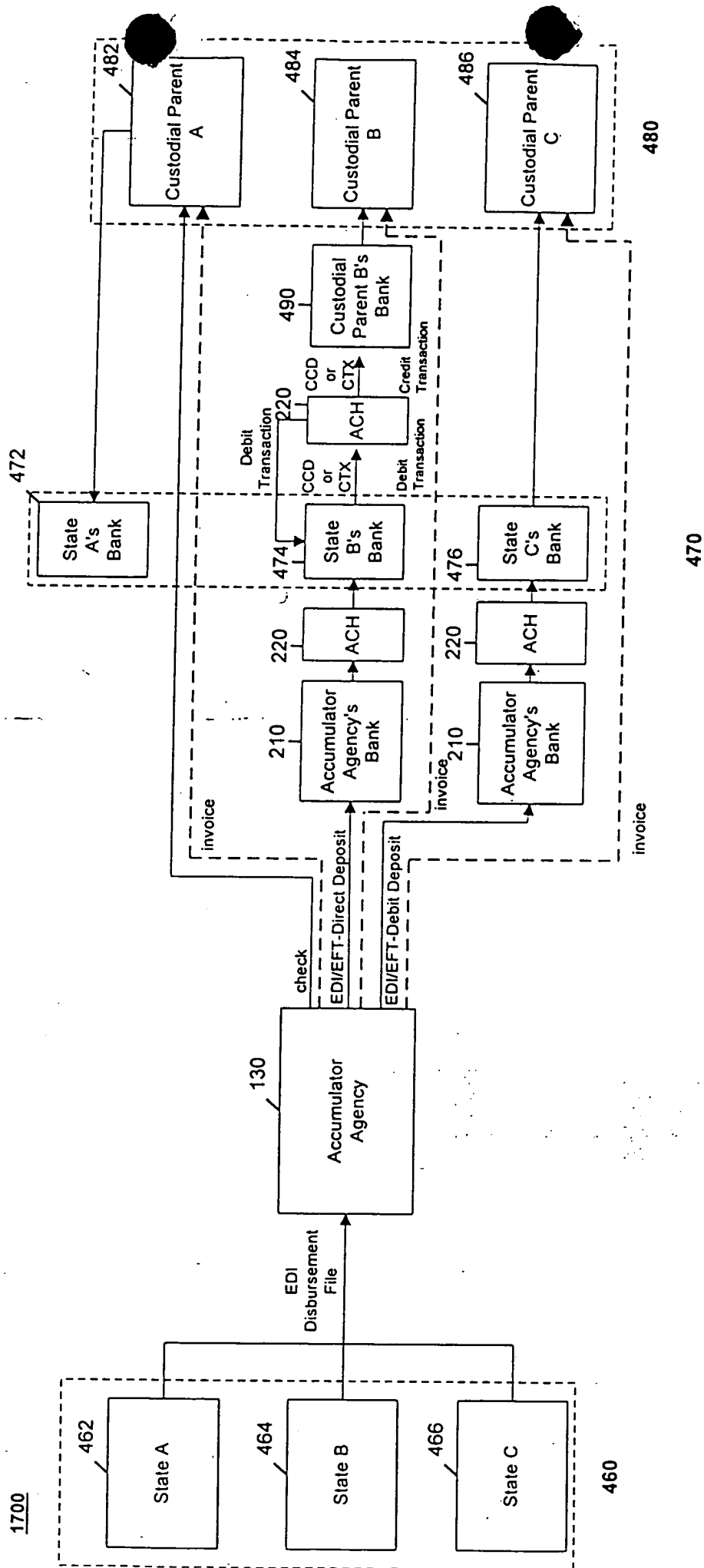


FIGURE 18

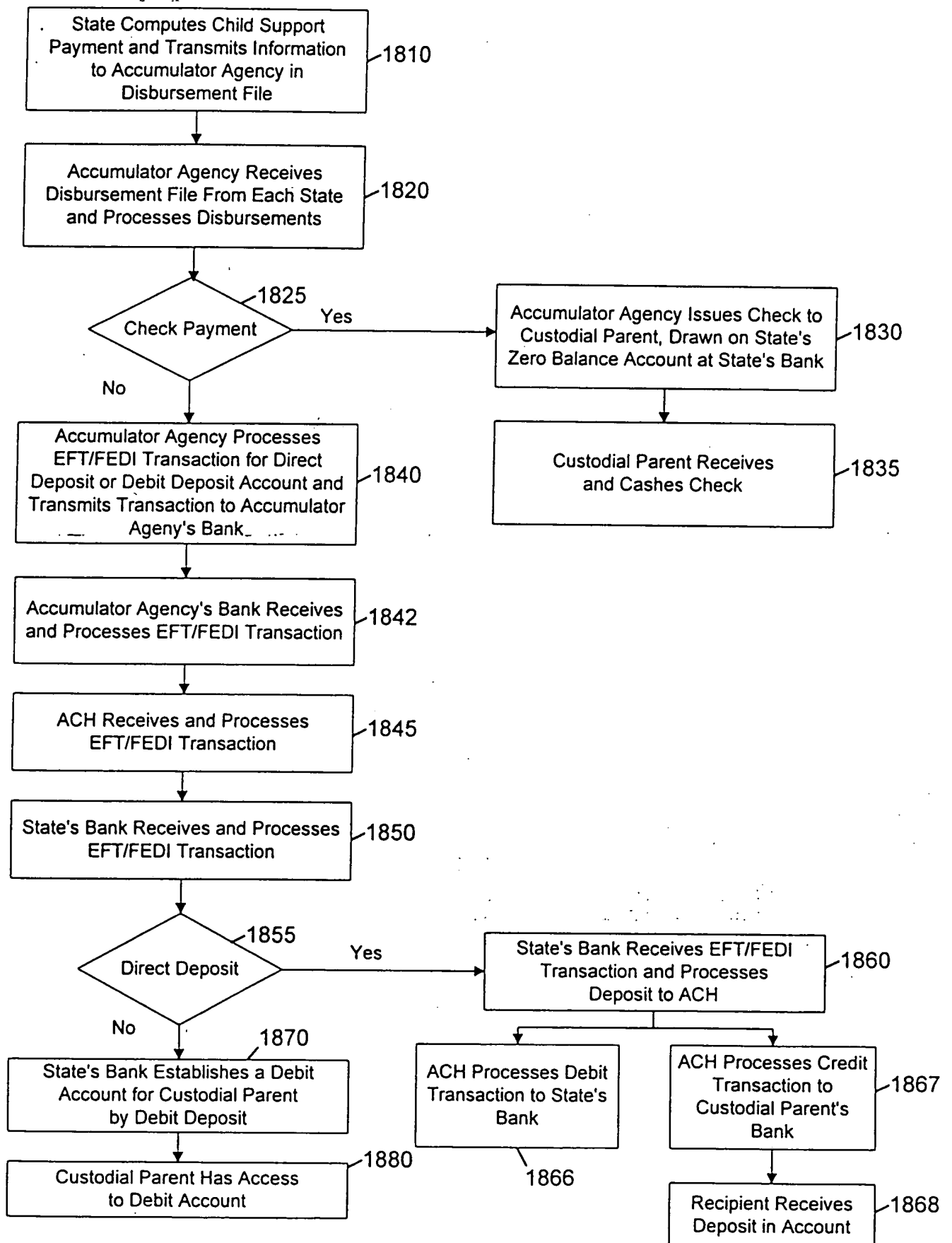


FIGURE 19

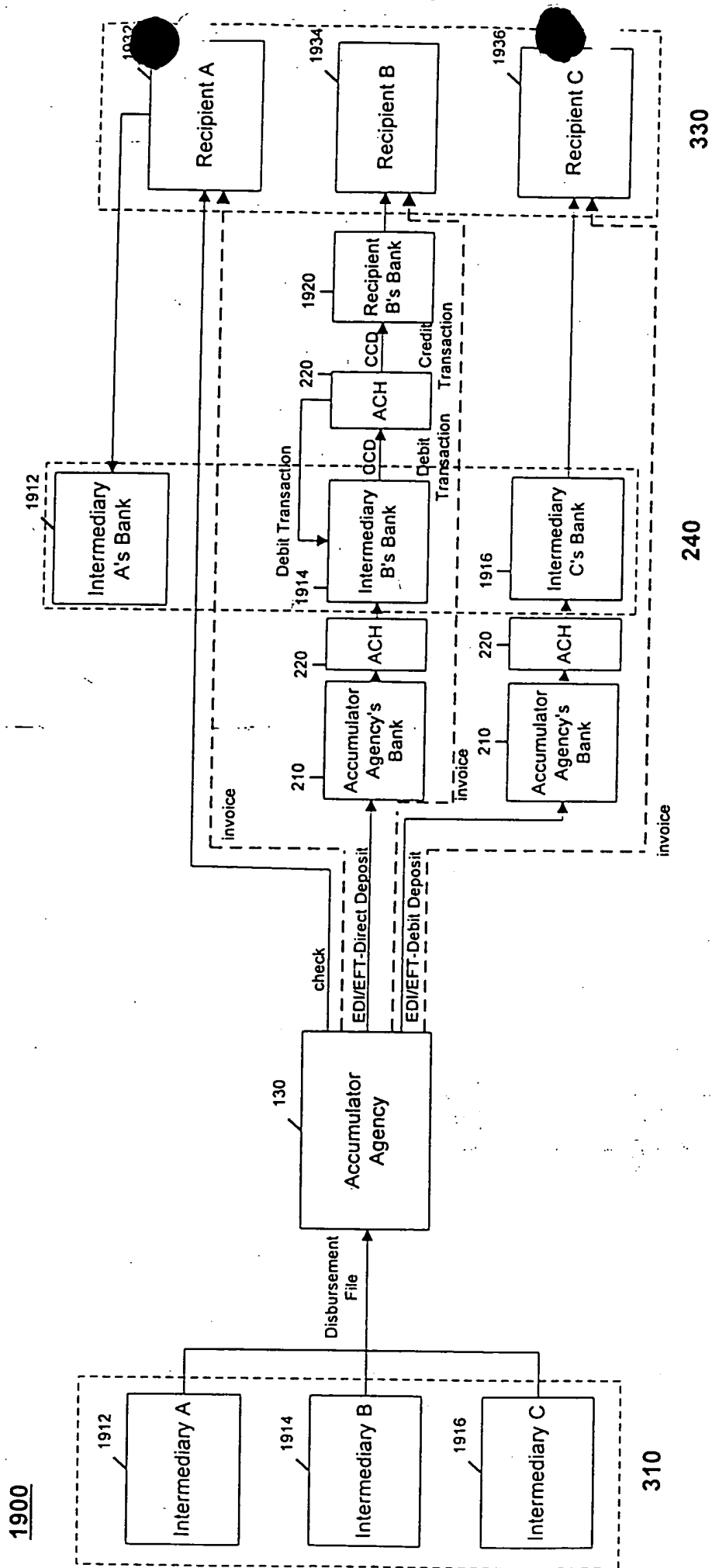


FIGURE 20

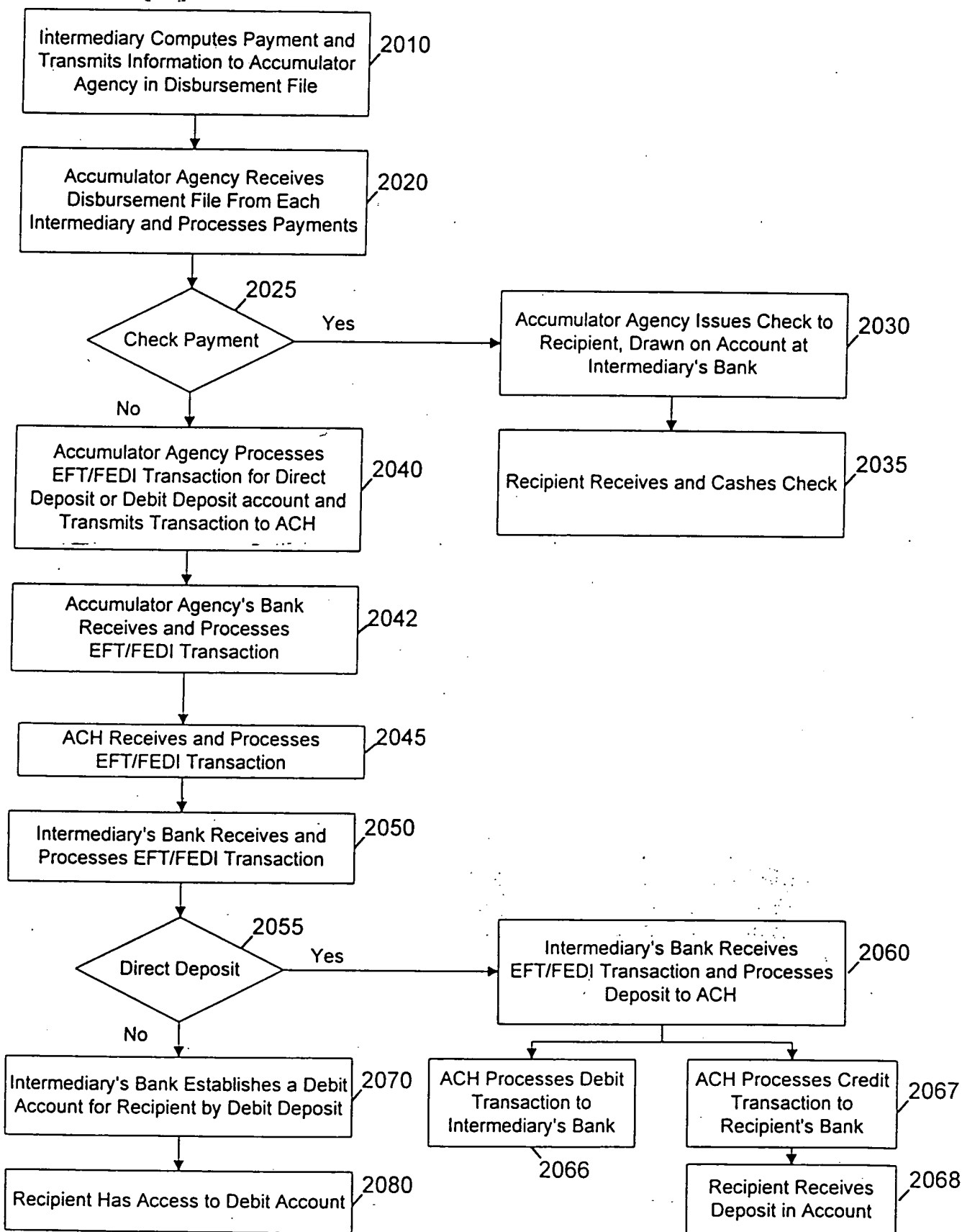


FIGURE 21

